

ACJ RECONSTRUCTION PROTOCOL

Aim of surgery: To repair (with augmentation) or reconstruct the coraco-clavicular ligaments +/- capsule repair to restore congruence and stability of the ACJ.

Expected outcome: Patient reports a relatively pain-free shoulder and stable ACJ that facilitates moderate to heavy activity above shoulder height. Some discomfort may persist with repetitive overhead activity.

Possible complications: Failure of repair, lysis, persistent pain.

Day 1-3/52

- Sling for 3/52
- Teach axillary hygiene
- Teach postural awareness and scapular setting
- Table slides within comfortable range
- Core stability exercises (as appropriate)
- Proprioceptive exercises (minimal weight-bearing below 90 degrees)
- Active assisted flexion as comfortable
- Active assisted external rotation as comfortable
- Do not force or stretch

Week 3-6

- Wean off sling
- Progress active assisted to active ROM as comfortable
- **Do not force or stretch**
- Cuff rehab
- Low level upper/mid/lower traps exercises

Week 6-12

- Regain scapula & glenohumeral stability working for shoulder joint control rather than range
- Gradually increase ROM
- Strengthen
- Increase proprioception through open & closed chain exercise
- Progress core stability exercises
- Incorporate sports-specific rehabilitation
- Plyometrics and perturbation training



Milestones

- Dressings removed 7-10 days post op
- Sling for 3/52 (unless otherwise stated in op notes)
- Active elevation to pre op level at 6/52
- Minimum 80% ER strength compared to asymptomatic side with normal movement patterns at 12/52

- Light work (sedentary) 4/52
- Driving approx 6-8/52 when safe
- Swimming breaststroke 6/52 freestyle 12/52
- Manual work 3/12
- Golf 3/12
- Avoid lifting heavy items for 3/12
- Contact sport 3-4/12 on discussion with surgeon

